COMMUNICATIONS EQUIPMENT INSURANCE AGENT
NOTICE OF APPOINTMENT
To California Insurance Commissioner
Pursuant to CIC Section 1758.62 (a)(2)

Insurer Name: _____

FEIN: _____   NAIC # _____   CA Company # _____
Federal Employee Identification Number

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby appoints the communications equipment vendor named herein to act as its agent and certifies that it has satisfied itself that the named communications equipment vendor is trustworthy and competent to act as its communications equipment insurance agent.

Name of Communications Equipment Vendor _____

Social Security # */ FEIN _____   Effective Date_____
(* Mandatory per CIC §1666.5; Cal. Civil Code § 1798.17; Cal. Family Code § 1752(d); and Federal Privacy Act of 1974 §§7(a)(2)(B)and 7(b).)

CIC Section 1758.62 (a)(2) requires that an applicant for a communications equipment insurance agent license under this article shall file with the commissioner a certificate by the insurer that is to be named in the communications equipment insurance agent license, stating that the insurer has satisfied itself that the named applicant is trustworthy and competent to act as its insurance agent limited to this purpose and that the insurer will appoint the applicant to act as its agent to transact the kind or kinds of insurance that are permitted by this article, if the communications equipment insurance agent license applied for is issued by the commissioner.

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to request for this information made by child support agencies.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This is executed on the _____day of _____, _____.

Signature of insurer or managing agent of insurer: Signature must be that of an officer of the insurer, managing agent, or a person authorized under a Special Power of Attorney on file with this Department.

_____   _____   _____
Name (print)   Official Title (print)   Date

Phone Number (____) _____

_____
Name of Insurer or Managing Agent
(Print)

By:_____
(Signature)